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Cerebral Arteriovenous Malformation Embolized through Persistent Primitive Hypoglossal Artery

A Case Report

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Summary

Carotid-vertebral anastomoses are commonly detected as incidental findings. But sometimes these channels are important for the clinical condition of the patient. Here a case of right thalamo-capsular arteriovenous malformation is described where a persistent primitive hypoglossal artery was the only route for embolization of the arteriovenous malformation.

Introduction

Carotid-vertebral anastomoses develop during fetal life between the internal carotid and basilar arterial systems for the supply of the posterior cranial circulation. The channels include trigeminal, hypoglossal, otic and pro-atlantal segmental arteries. With the development of the posterior communicating artery, these

Case report

This 47-year-old male patient presented with history of sudden onset left upper and lower limb dense hemiplegia associated with loss of consciousness, left focal seizures and left hemisensory dulling. CT scan showed an arteriovenous malformation (AVM) involving the right thalamus and posterior limb of right internal capsule with evidence of haematoma in the same regions. He was managed conservatively after that acute episode. Later digital subtraction angiography showed right thalamic and internal capsular AVM fed by perforating arteries from the right middle cerebral, anterior cerebral and posterior cerebral arteries along with right anterior and posterior choroidal arteries (figure 2A,B).

The AVM showed both superficial and deep venous drainage, but predominant drainage